### STATE OF MAINE

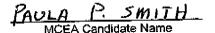
### COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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Web site: www.maine.gov/ethics

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	SAME LENGINAL			
	(Please Complete AL	L Entries)	OCT 2 5 2004	
Name of CANDIDATE PAULA	SMITH	186	•	§ •
Mailing address 28 ELLIS	AVENUE	COMMISS & FLEC	ION ON GOVERNMENTA	u, : nucs : <mark>Kijf Cha</mark> nged E Previous
City, zip codeANDOUER	ME 04216	,.		ORT 🗆
Telephone number 392 - 1921	Fax(Ontional)	_ E-mail		
Name of Candidate's Committee, if any	SMITH FOR	REP	<u> </u>	
Election Year <u>200부</u> Office Sought	STATE REP	District Numb	oer <u>92</u>	
Name of TREASURER	AN K. FERGU	SON, JR.		
Mailing address			CINIC	CK IF CHANGED E PREVIOUS
City, zip code HANOVER	ME 04237		REPC	ORT 🛄
Telephone number 364-7641	Fax	_ <b>E-</b> mail		
Type of Report (check applicable):	<u>Due date</u> :	Period included:		
( ) 6-Day Pre-Primary ( ) 42-Day Post-Primary (X) 6-Day Pre-General ( ) 42-Day Post-General	June 2, 2004 July 20, 2004 October 27, 2004 December 14, 2004	Last Report – May 27, 2 May 28, 2004 – July 13, July 14, 2004 – October October 22, 2004 – Dec	2004 21, 2004	
( ) Amendment to:				
( ) Other (specify):				
•				
I CERTIFY THAT I HAVE EXAMINED THIS REPOR	T AND TO THE BEST OF MY	KNOWLEDGE IT IS TRUE, CO	ORRECT AND CON	IPLETE.
Jank Jersey	0/21/04 PC	eula P. Smi	DQ 19	/a1/04
Treasurer's Signature	Date/	Candidate's Signatur	re	Date



## Schedule A Cash Receipts

Itemize each cash receipt during this reporting period, including initial distributions and matching funds payments received under the Maine Clean Election Act. For matching fund payments, indicate the amount the Commission has authorized you to spend.

Date	Source (MCEA initial distribution, payment of matching funds)	Amount Received	Amount Authorized to be Spent
5/9/04	MCEA Initial Distribution	4032.00	4032.00
,	Matching Funds Payment		
	Additional Authorization to Spend Matching Funds		
	Additional Authorization to Spend Matching Funds		
	Additional Authorization to Spend Matching Funds		
	Additional Authorization to Spend Matching Funds		
	Additional Authorization to Spend Matching Funds		

MULA CANDIDATE'S FULL NAME SMITH

# **EXPENDITURES** SCHEDULE B

iternize each expenditure made or authorized during the report filing period by category of the purpose for that expenditure. Use "Other" and "Remarks" to include and explain any expenditure that may not be clearly itemized under one of the other categories.

Page\_ (Schedule B only) of 2

10/26/2004 23:10			20128/6/15				ETHICS COMMISSION				
_	(Complete III <u>only)</u> 2. Total from	1. Total exper	4/24/04	4/24/04	9/7/04	9/1/04	8/30/04	8/18/04	8/5/04	DATE EXPENDITURE MADE OR AUTHORIZED	
TOTAL EXPENDITURES BY CATEGORY (add lines 1 and 2)	(Complete lines 2 and 3 on <u>last page</u> of Schedule B <u>only)</u> Total from attached Schedule B pages	1. Total expenditures this page only (Total each column)	SON JOURNAL	TURNER POBLISHING	PARK STREET PHESS	BARTASH'S	CURRENT LABELS	ROSS SWAM	WAL- MART	NAME OF EACH PAYEE	
a, 757.18	757.18									GENERAL OPERATIONS (Fundraising, travel, equipment, etc.)	
ь. 1995.43	\$20.76	1474.69	84469	630,00						ADVERTISING (Radio, TV, newspaper, etc.)	
b. 1995.45 c. 692.71		692.71			351.91	17.10	13.95	309.75		POSTAGE, etc. (Direct mail, campaign lit, signs, etc.)	
p.										SALARIES &	
e. 36.67		36.67							36.67	OTHER (Describe purpose in remarks)	
1 oral 3a – 3e. Enter on Schedule G. Line 8. 3 482.01		<u>.</u>						SIGNS	CANDY FOR PARADE	REMARKS	

CANDIDATE'S FULL NAME

# SCHEDULE B

Page 2 of 2 (Schedule B only)

themizs each expanditure made or authorized during the report filing period by category of the purpose for that expenditure. Use "Other" and "Remarks" to include and explain any expanditure that may not be clearly itemized under one of the other categories.

CGEEP Form C-1	3. TOTAL EX	(Complete ling) only) 2. Total from	t. Total exper		10/21/04	40/81/01	10/14/04	10/7/04	DATE EXPENDITURE MADE OR AUTHORIZED
CGEEP Form C-1/B (Rev. 504) (Duplicate as needed)	TOTAL EXPENDITURES BY CATEGORY (add lines 1 and 2)	(Complete lines 2 and 3 on <u>last page</u> of Schedule B <u>only)</u> Total from attached Schedule B pages	Total each column)		PAULA P. SMITH	18/04 RUMFORD FALLS TIMES	WOXO	SUN JOURNAL	NAME OF EACH PAYEE
	ģ		757.18		757.18				GENERAL OPERATIONS (Fundraising, travel, equipment, etc.)
	<del>Ç</del>		520.76			273.00	230.00	17.76	ADVERTISING (Radio, TV, newspaper, etc.)
	p								PRINTING / POSTAGE, etc. (Direct mail, campaign lit., signs, etc.)
	<u>.</u>								SALARIES & COMPENSATION
	, p								OTHER (Describe purpose in remarks)
	Line 8.	Total 3a – 3e. Enter on Schedule G.							REWARKS

PAULA P. SMITH

MCEA Candidate Name

### SCHEDULE G DETAILED SUMMARY PAGE OF RECEIPTS AND EXPENDITURES

RECEIPTS	This Reporting Period	Total This Campaign
Previous total receipts (from last report)		4980.00
Cash receipts this period (from Schedule A)		
Unitemized receipts this period (interest income, etc.)		
Sale of campaign property this period (from Schedule F)		
5. Total receipts this period (add lines 2, 3 and 4)		
6. TOTAL RECEIPTS DURING THIS CAMPAIGN (add lines 1 and 5)		4980.00

#### EXPENDITURES

7. Previous total expenditures (from last report)	/455.30
8. Expenditures this period (from Schedule B)	3482.01
9. TOTAL EXPENDITURES DURING THIS CAMPAIGN (add lines 7 and 8)	4937.31

### CASH BALANCE

10. CA	H BALANCE END OF REPORTING PERIOD (subtract line 9 from line 6)	42.6	9
L			

### **DEBTS AND LIABILITIES**

	11. Total outstanding bills (from Schedule E)	 Ø	
•		 _	